Stanford Medical School
Blood Center

February 25, 2000

Dockets Management Branch
HFA-305
Food and Drug Administration
5630 Fishers Lane
Room 1061
Rockville, MD 20852

Re: Docket Number 99D-5347
Draft Guidance for Industry: Precautionary Measures to Reduce the Possible Risk of Transmission of Zoonoses by Blood and Blood Products from Xenotransplantation Product Recipients and their Contacts

To the Docket:

This draft guidance recommends measures to reduce the possible secondary transmission of zoonoses by xenotransplantation product recipients and their contacts. While we recognize that the potential transmission of zoonoses has become a matter of public concern, we feel that there are alternative actions that can be taken other than the proposed guidance that may represent a more appropriate response to this concern.

The draft guidance proposes that blood centers ask three specific questions to elicit information regarding xenotransplantation. Blood centers are already asking approximately 50 questions of potential blood donors. The donor screening process is thus quite extensive already. The Agency cannot indefinitely add donor questions without making the donor screening process unacceptably lengthy to potential donors. Before the agency specifies that 3 more questions must be added to the donor screening process, then, we feel that the agency should consider whether the questions already in place might reliably elicit the desired information.

There are already three questions on the routine donor screening questionnaire that would elicit the information that a potential donor had received a xenotransplanted organ. All donors are asked if they have been under a doctor's care in the past 12 months, if they have taken any medications in the past 4 weeks, and if they have received an organ or tissue transplant in the past 12 months. Donors who indicate that they are under a doctor's care or taking medications are asked to explain the nature of their medical problem. We believe that individuals who have received xenotransplanted organs would be under a doctor's care and taking chronic immunosuppressant medications and would therefore be reliably identified through one of these existing questions. Thus, we feel that the agency can inform blood establishments that it wants individuals who have received

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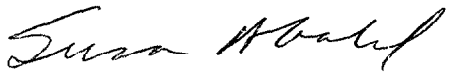
xenotransplanted organs to be deferred without requiring donor centers to add a specific donor question.

The questioning procedures already in place might fail to detect patients who received tissues of animal origin more than one year ago and who do not require immunosuppressant drugs. The Advisory Committee on Biologic Response Modifiers, however, appeared much less concerned about this population. My review of the transcript of the January 13, 2000 meeting of this committee indicated that the committee was most concerned about the potential modification of zoonotic agents that could occur during passage through immunosuppressed patients. As noted above, the donor questioning process already in place would be sufficient to detect the transplant recipient population receiving immunosuppressant drugs, which was the population of most concern to the Advisory Committee.

With regard to "contacts" of xenotransplant recipients, we are not aware of any data that indicate that the contacts of xenotransplant recipients are harboring transmissible zoonoses. We fail to understand why the FDA is considering these individuals to pose a significant risk to transfusion recipients while it remains apparently unconcerned about individuals who have had direct exposure to animals. Specifically, many blood donors have had direct contact with the body fluids of their pets or animals that they work with in their profession. In some cases, the contact entails percutaneous exposure (e.g., bites or needle sticks). Wouldn't such individuals pose at least as great a theoretical risk to potential transfusion recipients as the contacts of xenotransplant recipients, who have not had direct exposure to animals? We are not advocating for the indefinite deferral of all individuals who have had contact with the body fluids of animals as such a deferral is likely to seriously jeopardize the adequacy of blood supply. We are simply trying to point out that the proposed deferral guidance with regard to contacts of xenotransplant recipients is inconsistent with other donor deferral policies and has no scientific basis. We feel strongly that donor deferral recommendations must be considered in the context of scientific data with regard to the risk to transfusion recipients. Clearly, it would be inappropriate to consider deferral of all donors with a history of contact with animal body fluids absent scientific data that demonstrates they pose an infectious risk to transfusion recipients and absent data regarding the potential impact of such a deferral on the blood supply. The argument could be made that the proposed deferral of "contacts" of xenotransplant recipients is a limited action that could theoretically improve the safety of the blood supply without jeopardizing the availability of blood. However, we would still argue strongly for the need for consistency and scientific basis in approaching the question of donor eligibility. Furthermore, even this limited donor deferral proposal would require the addition of two questions to the donor screening process that is already extremely lengthy, with no measurable improvement in blood safety. If the agency insists on pursuing a deferral for "contacts" of xenotransplant recipients, we would argue strongly that the theoretical risk applies mainly to those with direct, intimate contact with the xenotransplant recipient's body fluids, and deferral should therefore be limited to sexual contacts or persons who have sustained needle sticks.

In summary, then, we point out that immunosuppressed recipients of xenotransplanted organs can be adequately identified through other questions in the donor screening process, and that a specific question on this subject is unnecessary. With regard to contacts of xenotransplant recipients, we question the proposed deferral requirement because of the absence of scientific data supporting such a deferral. We feel that donor deferral requirements should be scientifically based and consistent with other donor deferral policies.

Sincerely,



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